Health Activity Certification or Hoisting Engineer Qualification Request Form

U.S. Department of Labor Mine Safety and Health Administration



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|---|---|---|-----------------------------------|---|---------------|-----------------------|---|--|---|------------------------|--|--|
| This fo | orm is affected by the Privacy Act of | 1974 Approved for use through July | 31, 2006, OMB Number1219-0069. Th | his form replaces MSHA forms 5000-4 and 5000- | 7. | | | | | | | |
| Item 1. Company name and address, if the address below is blank, information will be sent to address selected in Item 4. Item 2. Mine ID Company name and address: | | | | | Conf | Contractor ID | | | | | | |
| Comp | | | | or | Ц | | | | | | | |
| Attn: 30 CFR 75.100, 30 CFR 77.100 (Health and Safety Certification) establish the make certain tests and examinations which are required by MSHA regulations located in states that do not have provisions for certifying miners, 30 CFR 75.10 operators to make application to MSHA to obtain certification for miners when A certified person is one has been certified as a Foreman, Asst. Foreman | | | | | | | | ed perso 100(b)(2) erience r | ns. For one | mines mine ents. | | |
| 30 CFR 75.155 and 30 CFR 77.105 (Hoisting Engineers Qualification) establis qualified to operate hoists (Steam Driven/Electrical-UG; Slope & Shaft Sinking that do not have provisions for qualifying hoist operators, 30 CFR 75.155/77.1 | | | | | | | | es locate | ed in sta | tes | | |
| MSHA for 5000-41 provides all mine operators with a standard reporting find qualification process while ensuring compliance with regulations. The information is the contract of the contract | | | | | | | which expedites the certification and provided on the form enables MSHA | | | | | |
| City | | State Zi | p | to determine if miners satisfy the requirements to obtain the certification/qua This collection of information is covered by the Privacy Act notice published as described in the National Bureau of Standards Publication, "Computer St Act of 1974," and in accordance with procedures developed by MSHA under | I in the Fede | eral Reg delines f | for Impler | | | | | |
| Public reporting burden for this collection of information is estimated to average 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Records Management Branch | | | | | | | | Item 7. Certifications Hoisting Underground Hoisting | | | | |
| moraa | mig daggoodono for roadomig tino bare | Mine Safety and Health Administrati | on | | Surface | <u> </u> | Only | uu | | nly | | |
| | | 1100 Wilson Boulevard Arlington, VA 22209-3939 | | | Foreman | Foreman | Assistant Foreman | Pre-Shift Examiner | Jnderground | Surface | | |
| | Item 3. Social Security Number | Item 5. Name (Last, First, Middle Initial) | Item 6. Address if cards are to | o be sent to miner | ц | ŭ. | ĄΨ | <u>~</u> û | Onc | U) | | |
| 1. | | Last | Attn: | | | | | | | | | |
| | Item 4. Select where the cards are to be sent | First | Street 1 | | | | | | | | | |
| | | мі 🗌 | Street 2 | State Zip | | | | | | | | |
| | ☐ Miner Address | | | | | | | | | | | |
| 2. | | Last | Attn: | | | | | | | | | |
| | ☐ Mine Address ☐ Contractor | First | Street 1 Street 2 | | | | | | | | | |
| | ☐ Company Address☐ Miner Address | мі 📙 | City | State Zip | | | | | | | | |
| | | | Attn: | | + | | | | | | | |
| 3. | | Last | Street 1 | | | | | | | Н | | |
| | ☐ Mine Address☐ Contractor | First | Street 2 | | | | | | | | | |
| | ☐ Company Address☐ Miner Address | мі 📙 | City | State Zip | | | | | | | | |

Health Activity Certification or Hoisting Engineer Qualification Request Form

continued from page 1

Title

U.S. Department of Labor Mine Safety and Health Administration

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| Item 7. | Item 8. |
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| Certifications | Hoisting |
| 1 | |

| | | | | | Surface | Underground Only | | nd | Hoisting Only | | | |
|-----------|---|-------------------------------|----------------|---|---|---------------------|----------------|-----------|----------------------|----------|-------------|---------|
| | Item 3. Social Security Number | Item 5. Name (Last, First, Mi | iddle Initial) | Item 6. Addres | ss if cards are to be sent to miner | L | Foreman | Assistant | Foreman Pre-Shift | Examiner | Underground | Surface |
| ı. [| Item 4. Select where the cards are to be sent Mine Address Contractor Company Address Miner Address | Last | | Attn: | State Zip | [| | | | | | |
| 5. | ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address | Last | | Attn: | | | | | | | | |
| 5. | ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address | Last | | Attn: | | | | | | | | |
| | ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address | Last | | Attn: | | | | | | | | |
| 1 | months immediately preceding this application. | | | ication & Certification 167 80225 | I certify that the information in this application is correct and that each person listed has had at least two years experience at a coal mine or equivalent experience and meets all applicable requirements of sections 75.100 and 77.100. False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164). | m 9. Typ Ste | e of H am _ | | | | | |
| | Item 10. Signature for Hoisting Qualification Request (Not valid unless signed) | | Item 11. Da | ate | Item 12. Signature for Activity Certification Request (Not valid unless signed) | | | Iten | n 13. | . Dat | te | |

Title